

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: WIRELESS COMMUNICATION WITH
IMPLANTABLE MEDICAL DEVICE

Attorney Docket Number:: 021628-000700US

Request for Early Publication:: No

Request for Non-Publication:: Yes

Suggested Drawing Figure::

Total Drawing Sheets:: 4

Small Entity?:: Yes

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Russian Federation
Status:: Full Capacity
Given Name:: Oleg
Middle Name::
Family Name:: Mosesov
Name Suffix::
City of Residence:: Maple Grove
State or Province of Residence:: MN
Country of Residence:: US
Street of Mailing Address:: 17140 76th Place North
City of Mailing Address:: Maple Grove
State or Province of mailing address:: MN
Country of mailing address::
Postal or Zip Code of mailing address:: 55311

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Perry
Middle Name::
Family Name:: Mills
Name Suffix::
City of Residence:: Arden Hills
State or Province of Residence:: MN
Country of Residence:: US
Street of Mailing Address:: 1288 Wynridge Drive
City of Mailing Address:: Arden Hills
State or Province of mailing address:: MN
Country of mailing address::
Postal or Zip Code of mailing address:: 55112

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

Foreign Priority Information

Country:: Application number:: Filing Date::

Assignee Information

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::